



# **REVOCATION AND SUBSTITUTE POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/039,887
Filing Date	January 3, 2002
First Named Inventor	Robert C. Woodward
Group Art Unit	3739
Examiner Name	Aaron Roane
Attorney Docket Number	P030

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioner(s) named below:

Name	Registration Number
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

Ron Devore

Title

Assistant Secretary

Signature

Date

*Ronald D. Devore*  
May 25, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of one form is submitted.